

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 459	\$229	N/A
2	579	288	N/A
3	699	348	N/A
4	819	408	N/A
5	939	468	N/A
6	1,059	527	N/A
7	1,179	587	N/A
8	1,299	647	N/A

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

X 133 percent — percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Income Level</u>
1	\$ 925.00
2	1,247.00
3	1,568.00
4	1,890.00
5	2,211.00

TN No. 00-02

Supersedes

Approval Date

APR 10 2000

Effective Date 04/01/00

TN No. 95-03

99-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-11
Supersedes
TN No. 91-22

Approval Date APR 1 1992 Effective Date 01/01/92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

N/A B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

TN No. 91-22 Approval Date JAN 1 8 1991 Effective Date 10/01/91
Supersedes N/A
TN No. _____

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

N/A B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

TN No. 91-22 Approval Date JAN 10 1992 Effective Date 10/01/91
Supersedes N/A
TN No. _____

HCFA ID: 7985E

REVISION: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 4
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

N/A 2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983, and who have attained 6 years of age but are under 8 years of age under the provisions of Section 1902(1)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____
9	\$ _____
10	\$ _____

TN No. 93-02
Supersedes
TN No. 92-11

Approval Date APR 16 1993

Effective Date 01/01/93

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

N/A 3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

4. Income Standards in Institutions for at least 30 Consecutive Days

The income standards used in determining eligibility for individuals who are in institutions for at least 30 consecutive days is 300 percent of the SSI federal benefit rate.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of Section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

- a. Based on the following percent of the official federal income poverty level:

Eff. Jan 1, 1989: 85 percent percent (no more than 100)

Eff. Jan 1, 1990: 90 percent percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

- b. Levels:

<u>Family Size</u>	<u>Income Level</u>
1	\$696.00
2	N/A

TN No. 00-02

Supersedes 05-05 Approval Date APR 10 2000 Effective Date 04/01/00

TN No. 97-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

N/A

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 80 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1990: ☐ 85 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1991: ☐ 95 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1
2

\$ _____
\$ _____

TN No. 91-22

Supersedes

TN No. 89-14

Approval Date JAN 1

Effective Date 10/01/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME LEVELS (Continued)

N/A

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input checked="" type="checkbox"/>	urban only	435.1007 ^{1/}		435.1007 ^{1/}
<input checked="" type="checkbox"/>	urban & rural			
5	\$ _____	\$ _____	\$ _____	\$ _____
6	\$ _____	\$ _____	\$ _____	\$ _____
7	\$ _____	\$ _____	\$ _____	\$ _____
8	\$ _____	\$ _____	\$ _____	\$ _____
9	\$ _____	\$ _____	\$ _____	\$ _____
10	\$ _____	\$ _____	\$ _____	\$ _____
For each additional person, add:				
	\$ _____	\$ _____	\$ _____	\$ _____

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-22 Approval Date JAN 13 1992 Effective Date 10/01/91
Supersedes _____
TN No. 90-14 HCFA ID: 7985E